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PTO/SB/97 (08-00)

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Application Number: 09/875,775

Filing Date: June 5, 2001

Certificate of Transmission under 37 CFR 1.8

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1. Certificate of Transmission
2. Fee Transmittal
3. Response to Notice of Non-Compliant Amendment Dated April 8, 2005 (16 pages)

Total pages: 18

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$0.00)

Complete If Known

Application Number	09/875,775
Filing Date	6/5/2001
First Named Inventor	Ashvinkumar J. Sanghvi
Examiner Name	MOHAMMAD A SIDDIQI
Art Unit	2154
Attorney Docket No.	MS1 - 591US

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 12-0769 Deposit Account Name: Lee & Hayes, PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)

- 20 or MP = _____ x 50 = _____

MP = highest number of total claims paid for, if greater than 20

Fee (\$)

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x 200 = _____

HP = highest number of independent claims paid for, if greater than 3

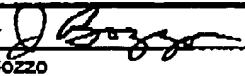
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____ = _____		Fee Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. 36,756 (Attorney/Agent)	Telephone (206) 315-4001
Name (Print/Type)	Frank J. Bozzo		Date

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APR 29 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No.09/875,775
Filing Date June 5, 2001
Inventor..... Sanghvi et al.
Group Art Unit 2154
Examiner Siddiqi, Mohammad A
Attorney's Docket No. MS1-0591US
Title: Event Consumers for an Event Management System

RESPONSE TO NOTICE OF NON-COMPLIANT AMENDMENT
DATED APRIL 8, 2005

To:

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is submitted in response to the Notice of Non-Compliant Amendment mailed April 8, 2005. Applicants apologize for the mistakes in the previously filed amendment, and respectfully submit that the amendment complies with the rules of the U.S. Patent & Trademark Office. Applicants respectfully request the Examiner consider the compliant amendment and response.

Amendments to the Claims are reflected in the corrected listing of claims which begins on page 2 of this paper.

Remarks Regarding Notice Of Non-Compliance begin on page 12 of this paper.

Remarks/Arguments included with the amendment filed January 25, 2005, are included for the Examiner's convenience, and begin on page 7 of this paper.